Amendments to the Drawings:

The attached sheets of drawings are formal drawings to replace FIGS. 1 and 2. No changes to the contents of the drawings themselves have been made.

Attachment: Replacement Sheets

REMARKS/ARGUMENTS

The rejection of claims 1, 3, and 6 as obvious over Sasaki et al. (*Plastic and Reconstructive Surgery* **110**(2), 635-54, August 2002) in view of Greenstein (US 5,964,773) is respectfully traversed. The examiner has recognized that Sasaki et al. fail to disclose the fusing of the ends of the sutures to the proximal ends of the shafts, and has cited Greenstein for such a disclosure. The disclosure of Greenstein however does not meet the deficiencies of Sasaki et al. and does not place Applicants' invention as recited in claim 1 within the possession of the person skilled in the art.

Two limitations of Applicants' claim 1 are lacking from the disclosures of both Sasaki et al. and Greenstein, nor are they suggested by either of these references. The first is the fusion of two sutures to a single shaft rather than one suture to one shaft, and the second is the fusion of the two sutures to the *end* of each shaft.

The procedure to which the suturing device of Greenstein is directed does not involve two sutures, and Greenstein offers no suggestion of using its "swedging" method for more than one suture per shaft. "Swedging" is a relatively simple operation when only one suture is involved, but swedging two sutures to a common shaft is more difficult to achieve and raises a significantly greater risk of an insecure connection since it involves joining three parts at a single juncture rather than two. Accordingly, the disclosure of a swedged joinder between a single suture and a single needle does not render obvious a swedged joinder of two sutures to the same point on a single needle. Applicants are aware of no disclosure in the prior art literature and no product ever having been manufactured or sold in which two sutures are attached to the same end of one needle, whether by "swedging" or any other fusion technique other than by the primitive tying method illustrated by Sasaki et al. The Examiner's search corroborates this by producing only the Greenstein patent, where only a single suture is swedged to the shaft of a single needle. In view of this state of the art, Applicants submit that the fusing of two sutures to the end of a common shaft is not obvious.

The fact that the "swedging" in Greenstein is not at the *end* of the shaft but instead at a point significantly removed from the end is established both by the Greenstein Figures and the specification. Figures 6, 7, 8, and 9 show the suture swedged at the side of the shaft, and a corresponding explanation appears in the specification at column 1, lines 63-65, and at column 3, lines 14-16. The reason why the Greenstein suture is swedged to the side of the shaft rather than to its end is that the end of each shaft must remain free to be inserted into a *blind hole 38* in the "wings 17" at the end of the device. This placement of the shaft ends in the blind holes is shown in Figures 3, 10, and 11, and is described in the specification at column 2, lines 3-6 and 63-65. Greenstein also emphasizes the fact that the suture is required to exit the shaft *at an angle* -- see column 3, lines 14-16, so that the suture can pass around the ends of the "wings" and over the distal end 14 of the device. The seating the shaft ends in the blind holes by tightening the suture loop is the procedure that the construction is designed for. This could not be achieved if the sutures were swedged to the ends of the shafts rather than to their sides.

To reiterate, therefore, Applicants' invention differs from the disclosures of Sasaki et al. and Greenstein by claiming the limitations embodied in the expression "the first ends of both sutures fused to the proximal end of said first shaft and the second ends of both sutures fused to the proximal end of said second shaft" -- which includes the limitation that two sutures are fused to the end of a common shaft and the limitation that the fusion is at the ends of the shafts rather than at the sides. Neither reference discloses either of these limitations.

The rejection of claim 2 over the combination of Sasaki et al., Greenstein, and Capucci (US 5,098,839) is also respectfully traversed. Capucci is cited for its disclosure of a blunt-tipped cannula. The cannula is hollow, however, bearing no relation to the shafts recited in Applicants' claims. Also, no sutures are involved, and the blunt tip is functional only in combination with an outer sharp-ended "introducer needle" (42) that slides over the cannula. Nothing of this nature is recited in Applicants' claims, and there is no reason why one would consult a description of a hollow cannula mounted inside an introducer needle for ideas on how to modify equipment or procedures used in performing tissue suspension to correct midface ptosis. Even if one were to make consider a combination, there is nothing in either reference (without the benefit of hindsight) to indicate where in the Sasaki et al. disclosure the blunt tip would be placed.

The rejection of claims 4 and 5 over the combination of Sasaki et al., Greenstein, and Bonutti (US 5,403,348), and the rejection of claim 7 over the combination of Sasaki et al., Greenstein, and Yoon (US 5,849,019), are likewise traversed. Bonutti is cited for its disclosure of a suture anchor, and Yoon is cited for its disclosure of a manually releasable clamp. The claims in which these features are recited are dependent claims depending from claim 1, and the distinctions enumerated above with respect to claim 1 apply.

CONCLUSION

In view of the foregoing, Applicants believe all claims pending in this Application recite patentable subject matter and fully meet the requirements of 35 USC, and accordingly reconsideration of the application is respectfully requested. Should any matters remain that can be resolved by a conference with Applicants' attorney, the Examiner is requested to telephone the undersigned at 415-576-0200.

Respectfully submitted,

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Attachments
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